

Signature

## CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

2420 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834

cab@dca.ca.gov

916-574-7220 T 916-575-7283 F

## COMPLAINT/COMMENT FORM RELATING TO CALIFORNIA ARCHITECTS BOARD

The Consumer Complaint Act of 1997 requires state agencies to provide a form through which individuals can register complaints or comments relating to the performance of the California Architects Board.

Please Use A Separate Form For Each Complaint/Comment  PERSON FILING COMPLAINT/COMMENT: PERSON WITH WHOM YOU DEALT:	
PERSON FILING COMPLAINT/COMMENT:	PERSON WITH WHOM YOU DEALT:
ADDRESS: (NUMBER AND STREET)	DO YOU WANT TO REMAIN ANONYMOUS?
CITY, STATE AND ZIP:	YES NO If you wish to remain anonymous, we may not be able to address your specific issue. Every effort, however, will be made to do so without revealing your identity.
DAYTIME TELEPHONE NUMBER:	
( )	
DESCRIBE YOUR COMPLAINT OR COMMENT: (Be specific – who, what, when, where, how)	
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Mail this completed form to the address listed on the top of this form.	
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Date